

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2 X 6 for lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination 05/11/12
Peer review report 05/10/12
Utilization review determination 06/06/12
Peer review report 06/06/12
Orthopedic consultation and progress note Dr. 04/26/12 and 05/30/12
MRI lumbar spine 12/09/11
Physical therapy / lumbar spine evaluation 06/06/12
Physical therapy progress note 05/03/12
Peer review report 03/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx . The claimant apparently sustained lifting injury picking up heavy totes into back of his truck. MRI lumbar spine dated 12/09/11 revealed midline superiorly directed disc extrusion at L1-2 superimposed on concentric annular disc bulging with no compression of conus or cauda equina. At L2-3 there is a left paracentral disc protrusion effacing the left subarticular recess. At L4-5 there is very mild bilateral exit foraminal narrowing related to facet arthrosis and shallow concentric annular disc bulging. Progress note dated 05/03/12 indicates the claimant has completed 18 physical therapy visits, and missed 8 visits. The claimant was seen in orthopedic consultation by Dr. on 04/26/12 with complaints of pain in low back. It was noted she has only had 3-4 sessions of physical therapy due to some family problems including death of in-law and mother having some type of heart surgery. She is noted to continue home exercise program as best she can. On examination deep tendon reflexes were normal bilaterally. There is no clonus on

either side. Straight leg raise on right was negative and on left caused numbness in posterior left thigh. There is tenderness to palpation of midline from approximately L3-S1 in both sciatic notches. Heel and toe walk is normal. Flexion is limited to approximately 35 degrees, and extension 5 degrees. Hip exam is normal. Leg lengths are equal. She has normal sensation in bilateral lower extremities. The claimant was recommended to finish out with physical therapy, and work restrictions were continued with no lifting over 15 lbs and no repetitive bending or stooping. The claimant was seen in follow-up on 05/30/12. Previous treatment has included physical therapy and over the counter NSAIDs without significant improvement. The claimant was recommended for additional physical therapy.

A request for physical therapy two times six for the lumbar spine was non-certified on utilization review dated 05/11/12 noting that the request exceeds guidelines as the claimant already had completed 18 physical therapy visits with no documentation of functional improvement from previous physical therapy.

A reconsideration/appeal request for physical therapy two times six for the lumbar spine was non-certified on utilization review dated 06/06/12 noting that the claimant has been authorized for 22 visits of physical therapy, with no objective signs of significant improvement with prior physical therapy and that the request for 12 additional physical therapy visits exceeds evidence based guidelines. Transition to home exercise was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for physical therapy 2 x 6 for the lumbar spine is not supported as medically necessary based on the clinical data provided. The claimant is noted to have sustained a sprain/strain injury to the low back lifting heavy totes into a truck. She has completed 18 visits of physical therapy to date for the lumbar spine, and missed eight visits. As noted on previous review there are no objective signs of significant improvement with prior physical therapy. The records indicate the claimant has been instructed in a home exercise program. The current request for 12 additional physical therapy visits exceeds Official Disability Guidelines, and there is no evidence of exceptional factors that would warrant therapy and that exceed guidelines either in duration or number of visits. Accordingly the previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
☐ INTERQUAL CRITERIA
☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
☐ MILLIMAN CARE GUIDELINES
☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
☐ TEXAS TACADA GUIDELINES
☐ TMF SCREENING CRITERIA MANUAL
☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)